

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13029

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name FIDEL A MUNOZ

P O Box, Bldg Room No if any

Street 7711 WILSON FARO TRAIL NW

City ALBUQUERQUE

State NEW MEXICO ZIP Code + 4 87120

4 Name file number and address of labor organization

Name CULNA Local Union No 16

Labor Organization File Number 030345

P O Box Building and Room Number if any

Street 1030 SAN PEDRO DR NE

City ALBUQUERQUE

State NEW MEXICO ZIP Code + 4 87110

5 Position in labor organization

BUSINESS MANAGER / SECRETARY - TREASURER

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a. Nature of Interest, Transaction or Income.

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Fidel A Munoz

On

8/15/05  
Date

(505) 898-6551  
Telephone Number

Name of Person Filing

FIDEL A MURDOZ

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name UNIT VALLEY + SOUTHERN STATES  
LABORERS EMPLOYERS COOPERATION & EDUCATION TRUST  
 Trade Name if any UNSS / CECET

P O Box, Bldg Room No if any

Street 25 CENTURY BOND ST 305City NASHVILLEState MISSISSIPPI ZIP Code + 4 37214

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name SAME AS ABOVE

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State MISSISSIPPI ZIP Code + 4

11 a Nature of such dealing

7/15/04 TRUST FUND MEETING  
 8/15/04 SOUTHWEST DISTRICT COUNCIL MEETING

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

7/15/04 MEAL \$16.66  
 8/15/04 MEAL \$36.34

12 b Amount

\$78.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State MISSISSIPPI ZIP Code + 4

14 a. Nature of payment.

14 b Amount of payment.

13 b Is the Business an Employer ☐or Consultant ☐ ?



OHIO VALLEY and SOUTHERN STATES  
LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST

August 4 2005

ROBERT W HANNA III  
*Director*

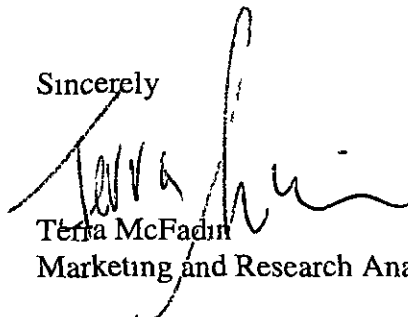
Dear Brother or Sister

•  
GLENN FARNER  
*Administrator*

Enclosed you will find the information OVSS LECET will be furnishing the Department of Labor on the required LM-10 form Please consider this information when completing your required LM-30

If you have any question please feel free to me

Sincerely



Terra McFadin  
Marketing and Research Analyst

25 Century Blvd  
Suite 305  
Nashville TN 37214  
Phone (615) 885 7828  
Fax (615) 885 7835  
E mail [info@ovsslecet.org](mailto:info@ovsslecet.org)

Position	Name	Personal Address	Organization	Business Address	Date	Amount	Type of Payment (gift payment loan)	Circumstance
Business Manager	Fidel Munoz	7711 Wells Fargo N	Local 16	1030 San Pedro NE □ Albu	01/22/04	\$ 23 50	meal	Trust Fund Meeting
Business Manager	Fidel Munoz	7711 Wells Fargo N	Local 16	1030 San Pedro NE □ Albu	07/08/04	\$ 14 20	meal	Marketing Meeting
Business Manager	Fidel Munoz	7711 Wells Fargo N	Local 16	1030 San Pedro NE □ Albu	07/15/04	\$ 22 63	meal	Trust Fund meeting
Business Manager	Fidel Munoz	7711 Wells Fargo N	Local 16	1030 San Pedro NE □ Albu	07/15/04	\$ 61 66	meal	Trust Fund meeting
Business Manager	Fidel Munoz	7711 Wells Fargo N	Local 16	1030 San Pedro NE □ Albu	08/15/04	\$ 36 34	meal	SW DC meeting prep



# LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL UNION NO 16

**Fidel A. Munoz**  
Business Manager  
Secretary/Treasurer

1030 SAN PEDRO N E  
ALBUQUERQUE NM 87110  
PHONE (505) 265 7933/FAX 265 7934  
E Mail liunalocal16@qwest.net

**Raul Velarde**  
President

August 15, 2005

U S Department of Labor  
Employee Standards Administration  
Office of Labor Management Standards  
200 Constitution Avenue NW  
Room N-5616  
Washington, DC 20210

RE Form LM-30 Filing for Fidel Munoz, LIUNA Local 16

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM 30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listen on my LM 30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Fidel A. Munoz  
Business Manager/Sec. Treas

## SUB OFFICES

**FARMINGTON**  
801 E Murray Road  
Phone 325 5521  
Fax 564 9233

**LAS CRUCES**  
632 N Alameda  
Phone 526 6322  
Fax 526 6719

**ESPANOLA**  
PO Drawer 9  
Phone 753 7977  
Fax 753 5018